Effective Date:_							
Active Acc	ount Prev	ious Account	Medical	Military	Ri	ng Paid	
		APPLICATION	FOR UTILITY SE	RVICE			
Account No.	-		Date of	Application			
The Town of	Smyrna is hereby req	uested to supply Ele	ectric Service at the Pro	emises known as:		(Please P	rint)
Resident Addı	ess						
Business Add	ress				EI#		
with the applicabl customer further a requirements of the hereby acknowled Late charges will be	e tariffs, rules and reg agrees to make a suita ne Town of Smyrna. E dges and agrees to pa will be applied after 4::	Julation of the Town able advance payme By signing this Application and previously exign p.m. on the 20th common on the next regularity.	d pay for all electricity which are available for ent to insure payment to cation and making a resting and unpaid debts of each month. If the allarly-scheduled busing	r inspection at the for service or othe equest for electric s owed by applica 20th falls on a Sat	Town Off rwise sati service, the nt to the ourday, Su	fice. The isfy he undersig Town of Sm unday or Ho	ned yrna.
	vance Payment	\$	Signed:				(seal)
(Refundable with the ex	•		o.gou	Custom	er		_ (*****)
Approved:	TOWN OF SM	IYRNA	Signed:				(seal)
Dv.				Custom	er		<u> </u>
Ву:							
				Mailing Address if o	lifferent from	above	
		MUST COM	PLETE OTHER S		lifferent from	above	
stomer 1	(1)	Personal	PLETE OTHER S  Information questions - Please Pri	SIDE	lifferent from		stomer 2
stomer 1	(1	Personal	Information	SIDE	lifferent from		stomer 2
	(i First Name	Personal	Information	SIDE nt)	st Name		stomer 2 MI
st Name		<b>Personal</b> Please answer ALL	Information questions - Please Pri	SIDE nt)			
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Street Address

City

State

Zip